

MINNESOTA SHERIFFS' ASSOCIATION

100 Empire Drive Suite 222, St. Paul, MN 55103

Date:	

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. When completed, return application to your local Sheriff's Office for their signature and submittal.

PERSONAL HISTORY

	RESID	ENCE		
Present Residence Address: (Apartment, Street, City, State, Zip Code)		Telephone Numbers: Daytime Evening		
Email Address				
List chronologically yo	our residences in the past	t 5 years.		
Dates <u>From - To</u>	Address		<u>City</u>	State/Zip
<u>-</u>				
	EI	DUCATION		
Name of School High School	<u>Location</u>	Dates <u>From-To</u>	Course/Degree 2 or 4 Yr Programs	Years Completed
College(s)		-		
Graduate School		<u>-</u>		
List awards, honors, citation received while attending so	ns, positions held in school or hool.	ganizations, athletic e	ndeavors, and any other sp	ecial recognition

List any special abilities, interests, sports or hol	bbies.			
Civo throe references includes one	REFERENCES			
Give three references, include: one	employer, friend, and other.			
Complete Name	Occupation			No. Yrs. Acq.
Address	City/State/Zip			
() Daytime Phone #	() Evening Phone #			
Complete Name	Occupation			No. Yrs. Acq.
Address	City/State/Zip			
() Daytime Phone #	() Evening Phone #		-	
Complete Name	Occupation			No. Yrs. Acq.
Address	City/State/Zip			
() Daytime Phone #	() Evening Phone #		-	
	MILITARY RECORD			
Have you ever served on active duty in the Arm Branch of Military Service	ned Forces of the United States?	O Yes	O No	
Highest rank attained				
Dates of active duty: <u>from</u> / / Type of Discharge				
Member of Reserve or National Guard? O Yes				
ORG	SANIZATION MEMBERSHIP			
A. Are you now, or have you ever been a men If yes, list below. (Do not abbreviate.)	mber of any club, society or organization?	O Yes	O No	
NAME CITY/STATE	PRESENT (list position h	eld and e	xtent of a	ctivity)

STUDENT NARRATIVE & STATEMENT OF NEED What is your strongest personal characteristic? What do you consider your weakest characteristic? Any Why?
Explain your interest in becoming a Law Enforcement Officer.
How do you make decisions that may impact the lives of others around you or in your social group?
g-v-r
Describe why you are applying for this scholarship in no more than 150 words. (Use additional sheets if needed.)

Please designate the <u>Name and Mailing Addres</u>	<u>s</u> of the College or Technical Program and attending.	dates you will be/are		
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CONSENT FOR RELEASE OF INFORMATION You are being asked to supply private or confidential information about yourself. The purpose of asking for this information is to assist theCounty Sheriffs' Office in determining your eligibility for this grant application. You have a right to refuse to supply this information; however, as a consequence, we may not be able to complete the review of your grant application. I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose this consent will automatically expire without my express revocation. I certify this application information is true and correct.				
Please Print Name	Applicant's Signature	Date		
County of Residence	Sheriff's Signature			